	MULTIPLE DEPENDENT CLAIM								SERIAL NO. FILING DATE						
FEE CALCULATION SHEET									10/540843				LAND DATE .		
(FOR USE WITH FORM PTO-875)									APPLICANT(S)						
CLAIMS															
-			AF	TED	1 1 5		LAIM	S		•					
	AS FILED		AFTER "AMENDMENT		AFTER				AS FILED		AFTER		AFTER		
Ī	IND.	DEP.	IND.	DEP.	IND.	DEP.						NDMENT	2 HAME	NDMENT	
1	1	DDI.	MD.	DET.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
2			/	/-			ļ.	51 52	<u> </u>						
3		7	\overline{Z}	Z				53	 				<u> </u>		
5		-/, -		(54							
6	. /	 /	-/-	\			ł	55		·					
7	11		/	-/-			i	<u>56</u> 57	<u> </u>						
8	/							58							
9 .	 	_/_						59							
11		- /-						60							
12		7:						61 62							
13				1				63							
14 15		-/,		8				64							
16							.]	65							
17		/		-				66					·		
18		. / .		,	_ ·			68							
19 20				1.	•			69							
21	————	/						70	· ·						
22		1.		· /·				71 72		·				·	
23								73				· .			
24 25				./			l	74.	·						
<u>25</u> 26		/-		/- -				75							
27		1		- ',-				76							
28		1		1				78							
29 30		· /-													
31		/-		- /, · ·				80	<u> </u>						
32			1-			<u> </u>	ŀ	81 82							
33	-4		1				. 1	83							
34 35		· · · · · ·	-4					84							
36	-//- 					<u> </u>		85							
37	. /		-				-	86 87							
38	7:							88					\dashv		
39 40			- /					89							
41	-/- 		- ; -					90				· · ·			
42	_/		- 				· •	91 92							
43								93							
44 45		[_/			1	94							
45				<u>-</u>			ļ	95							
47							ŀ	96 97							
48							ľ	98							
49								99							
50			70				L	100							
TOTAL IND.	لـنــــ	4	12	4	:]	4		TOTAL IND.		4		#		#	
TOTAL		NOTE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN CO		4		4	Ľ	TOTAL DEP		<u> </u>		4		4	
CLAIMS			37					TOTAL						2	
PTO - 1360	(REV. 11/04)									J.S. DEPART	MENT of CO	MATERCE			